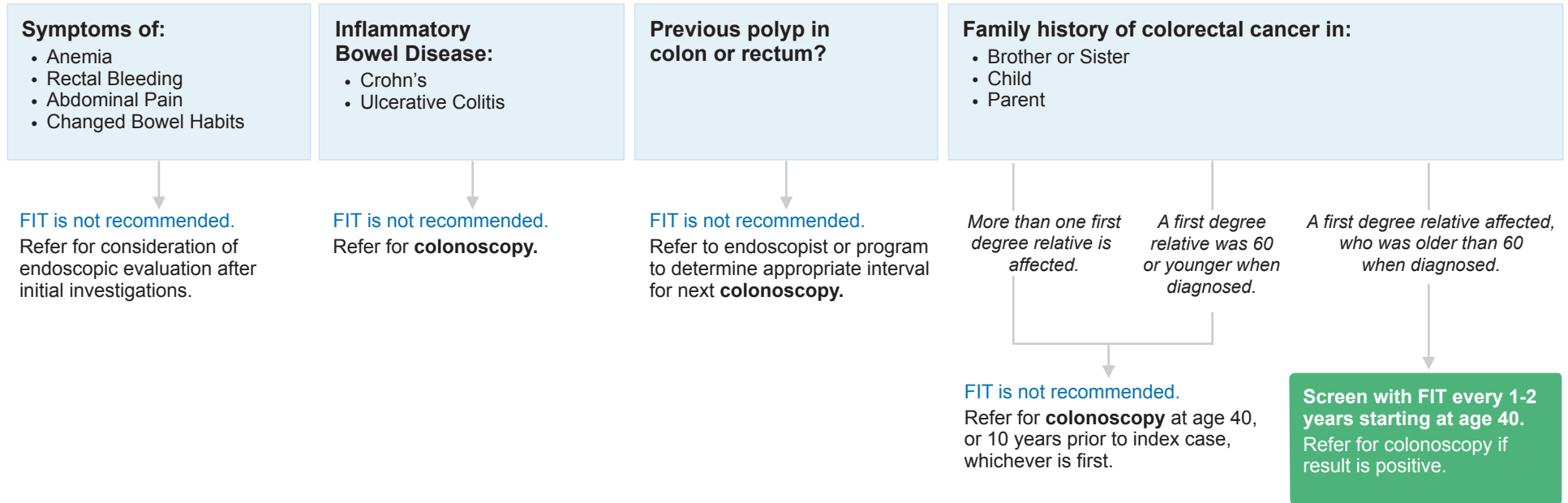


## Does my Patient Need a Fecal Immunochemical Test (FIT)?

### Does your patient have...



### If NO to all of the above...

